
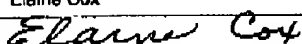
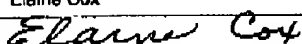
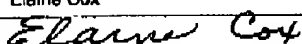


DOCKET NO. SC10321C

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: SC10321C																											
In re Application of	William E. Salzer																												
Application Number	08/997,822	Filed December 23, 1997																											
For	CIRCUIT AND METHOD FOR INTERLEAVING A DATA STREAM																												
Group Art Unit	2611	Examiner Vivek Srivastava																											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">One Month (37 CFR 1.17(a)(1))</td> <td style="width: 40%; text-align: right;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two Months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ 420.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three Months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ 950.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four Months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ 1480.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five Months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ 2010.00</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079</p> <p><input checked="" type="checkbox"/> I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.</p> <p><input type="checkbox"/> Attorney or agent of record (Registration No.: _____)</p> <p><input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) 35,896</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <p><u>9/13/04</u></p> <p>(Date)</p> </div> <div style="text-align: center;"> <p></p> <p>Signature</p> <p>Susan C. Hill</p> <p>Type or printed name</p> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 form(s) are submitted</p> <tr> <td colspan="3" style="text-align: center; padding: 5px;">CERTIFICATE OF MAILING</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <p>I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>9/13/04</u></p> </td> </tr> <tr> <td style="width: 20%; padding: 5px;">Typed or printed name</td> <td colspan="2" style="padding: 5px;">Elaine Cox</td> </tr> <tr> <td style="padding: 5px;">Signature</td> <td colspan="2" style="padding: 5px;"></td> </tr>			<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 420.00	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 950.00	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1480.00	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2010.00	CERTIFICATE OF MAILING			<p>I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>9/13/04</u></p>			Typed or printed name	Elaine Cox		Signature		
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Typed or printed name	Elaine Cox																												
Signature																													

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DOCKET NO. SC10321C

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: SC10321C
In re Application of	William E. Salzer	
Application Number	08/997,622	Filed December 23, 1997
For	CIRCUIT AND METHOD FOR INTERLEAVING A DATA STREAM	
Group Art Unit	2611	Examiner Vivek Srivastava
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.		
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):		
<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 420.00
<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1480.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2010.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$	
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 503079	
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.	
I am the:		
<input type="checkbox"/>	Applicant/inventor	
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.	
<input type="checkbox"/>	Attorney or agent of record (Registration No.:)	
<input checked="" type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) 35,896	
9/13/04 Date		
Signature Susan C. Hill Type or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of 1 form(s) are submitted	
CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being facsimile transmitted or deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 9/13/04		
Typed or printed name	Elaine Cox	
Signature	Elaine Cox	

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